

DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

ATTN: Quality Assurance Manager

2218 Kausen Drive, Suite 100

Elk Grove, CA 95758

CITIZEN'S COMMENT/COMPLAINT FORM

PLEASE USE SEPARATE FORM FOR EACH COMMENT/COMPLAINT

The Consumer Complaint Act of 1997 requires the Department of Fair Employment and Housing to provide a method for use by California citizens to comment/complaint about the Boards, Programs, or Divisions within this Department

PERSON FILING COMMENT/COMPLAINT:	WHICH BOARD/DIVISION/PROGRAM IS THIS COMMENT/COMPLAINT ABOUT?
ADDRESS (NUMBER AND STREET):	PERSON WITH WHOM YOU DEALT:
CITY, STATE AND ZIP:	LOCATION OF ABOVE (Sacramento, District Office, etc.):
TELEPHONE NUMBER (8am-5pm; include area code):	TELEPHONE NUMBER(S) (include area code):
DO YOU WANT TO REMAIN ANONYMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you wish to remain anonymous, we may not be able to address your specific issue. Every effort, however, will be made to do so without revealing your identity.

DESCRIBE YOUR COMMENT OR COMPLAINT (be specific—who, what, when, where, how):

Mail this completed form to the address listed at the top of this form.

SIGNATURE _____

DATE _____